

Amendment No.

CHAMBER ACTION

Senate

House



1 Representative(s) Zapata, R. Garcia, Seiler, Schwartz, Ausley,
2 and Bean offered the following:

3

4 **Substitute Amendment for Amendment (001575) (with title**
5 **amendment)**

6 Remove line(s) 96-223 and insert:

7 program system for Medicaid recipients who are 60 years of age
8 or older or dually eligible for Medicare and Medicaid. The
9 Agency for Health Care Administration shall implement the
10 integrated program system initially on a pilot basis in two
11 areas of the state. The pilot areas shall be Area 7 and Area 11
12 of the Agency for Health Care Administration. In one of the
13 areas Enrollment in the pilot areas shall be on a voluntary
14 basis and in accordance with approved federal waivers and this
15 section. The agency and its program contractors and providers
16 shall not enroll any individual in the integrated program

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17 because the individual or the person legally responsible for the
18 individual fails to choose to enroll in the integrated program.
19 Enrollment in the integrated program shall be exclusively by
20 affirmative choice of the eligible individual or by the person
21 legally responsible for the individual. The integrated program
22 must transfer all Medicaid services for eligible elderly
23 individuals who choose to participate into an integrated-care
24 management model designed to serve Medicaid recipients in the
25 community. The integrated program must combine all funding for
26 Medicaid services provided to individuals who are 60 years of
27 age or older or dually eligible for Medicare and Medicaid into
28 the integrated program system, including funds for Medicaid home
29 and community-based waiver services; all Medicaid services
30 authorized in ss. 409.905 and 409.906, excluding funds for
31 Medicaid nursing home services unless the agency is able to
32 demonstrate how the integration of the funds will improve
33 coordinated care for these services in a less costly manner; and
34 Medicare coinsurance and deductibles for persons dually eligible
35 for Medicaid and Medicare as prescribed in s. 409.908(13).

36 (a) Individuals who are 60 years of age or older or dually
37 eligible for Medicare and Medicaid and enrolled in the
38 developmental disabilities waiver program, the family and
39 supported-living waiver program, the project AIDS care waiver
40 program, the traumatic brain injury and spinal cord injury
41 waiver program, the consumer-directed care waiver program, and
42 the program of all-inclusive care for the elderly program, and
43 residents of institutional care facilities for the

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44 developmentally disabled, must be excluded from the integrated
45 program system.

46 (b) The integrated program shall ~~must use a competitive~~
47 ~~procurement process to~~ select managed care entities who meet or
48 exceed the agency's minimum standards to operate the integrated
49 program system. For the purpose of this section, managed care
50 entities shall be considered prepaid health plans as provided in
51 s. 408.7056(1)(e). Entities eligible to submit bids include
52 managed care organizations licensed under chapter 641, including
53 entities eligible to participate in the nursing home diversion
54 program, other qualified providers as defined in s. 430.703(7),
55 community care for the elderly lead agencies, and other state-
56 certified community service networks that meet comparable
57 standards as defined by the agency, in consultation with the
58 Department of Elderly Affairs and the Office of Insurance
59 Regulation, to be financially solvent and able to take on
60 financial risk for managed care. Community service networks that
61 are certified pursuant to the comparable standards defined by
62 the agency are not required to be licensed under chapter 641.
63 Eligible entities shall choose to serve enrollees who are dually
64 eligible for Medicare and Medicaid, enrollees who are 60 years
65 of age or older, or both.

66 (c) The agency must ensure that the capitation-rate-
67 setting methodology for the integrated program system is
68 actuarially sound and reflects the intent to provide quality
69 care in the least restrictive setting. The agency must also
70 require integrated-program ~~integrated-system~~ providers to
71 develop a credentialing system for service providers and to

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72 contract with all Gold Seal nursing homes, where feasible, and
73 exclude, where feasible, chronically poor-performing facilities
74 and providers as defined by the agency. The integrated program
75 must develop and maintain an informal provider grievance system
76 that addresses provider payment and contract problems. The
77 agency shall also establish a formal grievance system to address
78 those issues that were not resolved through the informal
79 grievance system. The integrated program system must provide
80 that if the recipient resides in a noncontracted residential
81 facility licensed under chapter 400 or chapter 429 at the time
82 of enrollment in the integrated program system is initiated, the
83 recipient must be permitted to continue to reside in the
84 noncontracted facility as long as the recipient desires. The
85 integrated program system must also provide that, in the absence
86 of a contract between the integrated-program integrated-system
87 provider and the residential facility licensed under chapter 400
88 or chapter 429, current Medicaid rates must prevail. The
89 integrated-program provider must ensure that electronic nursing
90 home claims that contain sufficient information for processing
91 are paid within 10 business days after receipt. Alternately, the
92 integrated-program provider may establish a capitated payment
93 mechanism to prospectively pay nursing homes at the beginning of
94 each month. The agency and the Department of Elderly Affairs
95 must jointly develop procedures to manage the services provided
96 through the integrated program system in order to ensure quality
97 and recipient choice.

98 (d) ~~Within 24 months after implementation,~~ The Office of
99 Program Policy Analysis and Government Accountability, in
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100 consultation with the Auditor General, shall comprehensively
101 evaluate the pilot project for the integrated, fixed-payment
102 delivery program system for Medicaid recipients created under
103 this subsection who are 60 years of age or older. The evaluation
104 shall begin as soon as Medicaid recipients are enrolled in the
105 managed care pilot program plans and shall continue for 24
106 months thereafter. The evaluation must include assessments of
107 each managed care plan in the integrated program with regard to
108 cost savings; consumer education, choice, and access to
109 services; coordination of care; and quality of care. The
110 evaluation must describe administrative or legal barriers to the
111 implementation and operation of the pilot program and include
112 recommendations regarding statewide expansion of the pilot
113 program. The office shall submit its ~~an~~ evaluation report to the
114 Governor, the President of the Senate, and the Speaker of the
115 House of Representatives no later than December 31, 2009 ~~June~~
116 ~~30, 2008.~~

117 (e) The agency may seek federal waivers or Medicaid state
118 plan amendments and adopt rules as necessary to administer the
119 integrated program system. The agency may implement the approved
120 federal waivers and other provisions as specified in this
121 subsection ~~must receive specific authorization from the~~
122 ~~Legislature prior to implementing the waiver for the integrated~~
123 ~~system.~~

124 (f) No later than December 31, 2007, the agency shall
125 provide a report to the President of the Senate and the Speaker
126 of the House of Representatives containing an analysis of the
127 merits and challenges of seeking a waiver to implement a

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128 voluntary program that integrates payments and services for
129 dually enrolled Medicare and Medicaid recipients who are 65
130 years of age or older.

131 Section 2. Paragraph (d) of subsection (1) of section
132 408.040, Florida Statutes, is amended to read:

133 408.040 Conditions and monitoring.--

134 (1)

135 (d) If a nursing home is located in a county in which a
136 long-term care community diversion pilot project has been
137 implemented under s. 430.705 or in a county in which an
138 integrated, fixed-payment delivery program system for Medicaid
139 recipients who are 60 years of age or older or dually eligible
140 for Medicare and Medicaid has been implemented

141

142 ===== T I T L E A M E N D M E N T =====

143 Remove line(s) 6-11 and insert:

144 years of age or older or dually eligible for Medicare and
145 Medicaid; providing for voluntary enrollment in the program in
146 specified locations, in accordance with certain requirements;
147 requiring selection of managed care entities to operate the
148 program; providing that such managed care entities shall be
149 considered prepaid health plans; providing for entities to
150 choose to serve certain enrollees; providing for the
151 establishment of informal and